

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Lewis Bittinger*

Town

Jennings

County

Garnett

Died at

Date

of death

1903

Month

June

Day

11th

Age

Years

43

Months

9

Days

26

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Salmon Bittinger*Father's
Birthplace*Maryland*Mother's
Maiden Name*Rebecca Broadwater*Mother's
Birthplace*Maryland*Name of person giving
In formation*Charles Myers*How related
to deceased*Brother-in-law*

CAUSES OF DEATH

106

Primary

Indigestion

How long

10 years

Immediate

Inflammation of Bowels & Pancreas

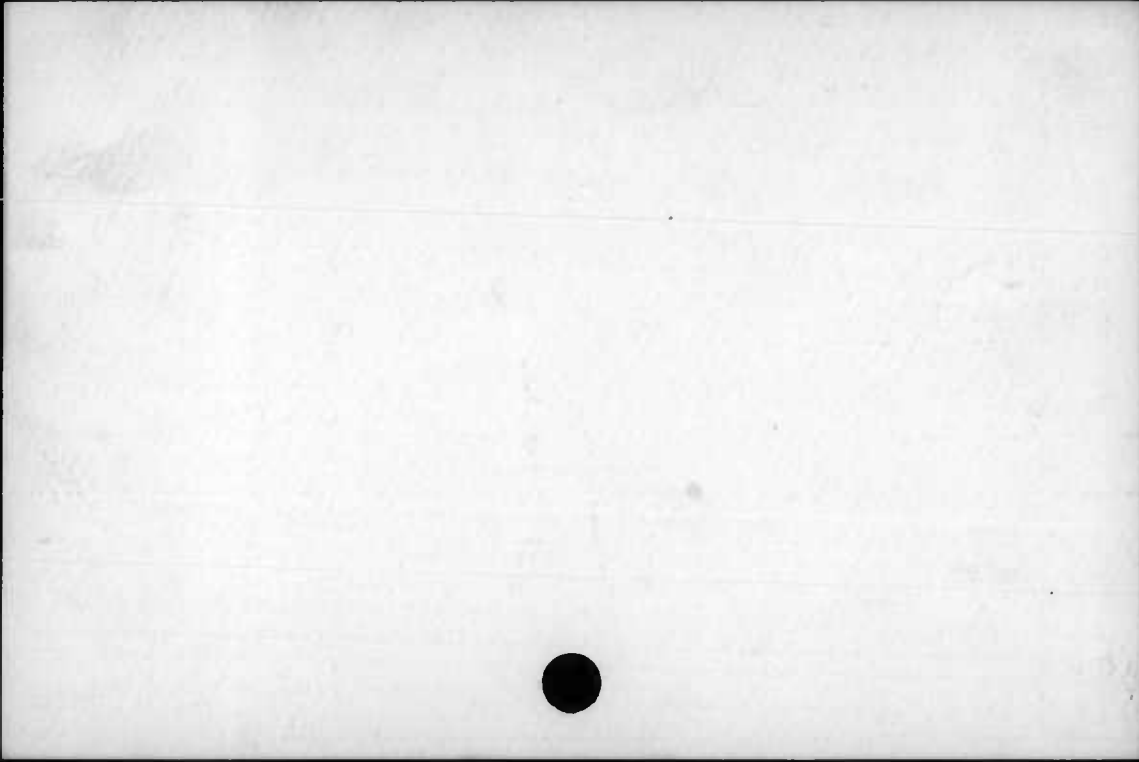
How long

*14 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*B L Berans*

Address

Grantsville Md

Accident or Suicide?



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Paul Bender*
Town

County

MARYLAND

Died at *McHenry*Date of death *1908 June*Day *22*

Age

Years *33*Months *6*

Days

Sex *Female*Color or
Race *white*Birth-
place *Maryland*Occupation *Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Samuel Bender*Father's
Name *William Custer*Father's
Birthplace *Maryland*Mother's
Maiden Name *Elizabeth Miller*Mother's
Birthplace *Maryland*Name of person giving
In formation *Nimrod Glatfelter*How related
to deceased *None*

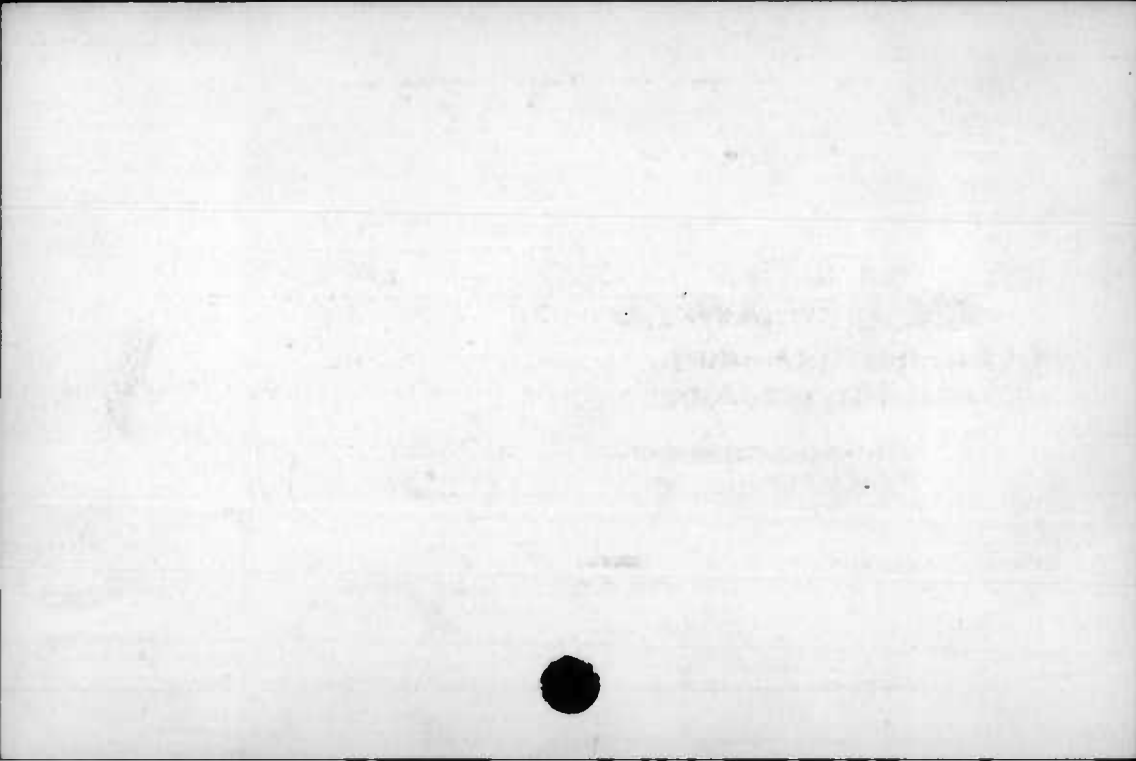
CAUSES OF DEATH

27

Primary *Tuberculosis*How long *20 years*Immediate *Tuberculosis*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *H.R. Boyer M.D.*Address *Accident*Accident or Suicide? *yes*PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Long Run</i>		County <i>Garrett</i>		MARYLAND							
Date of death		Month <i>June</i>		Day <i>25</i>		Age <i>64</i>		Years <i>—</i>		Months <i>—</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>									
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Louisa Hoyer</i>											
Father's Name <i>David Hoyer</i>		Father's Birthplace <i>MD</i>											
Mother's Maiden Name <i>Elisabeth Friend</i>		Mother's Birthplace <i>MD</i>											
Name of person giving information <i>Harrison Friend</i>		How related to deceased <i>uncle</i>											

CAUSES OF DEATH

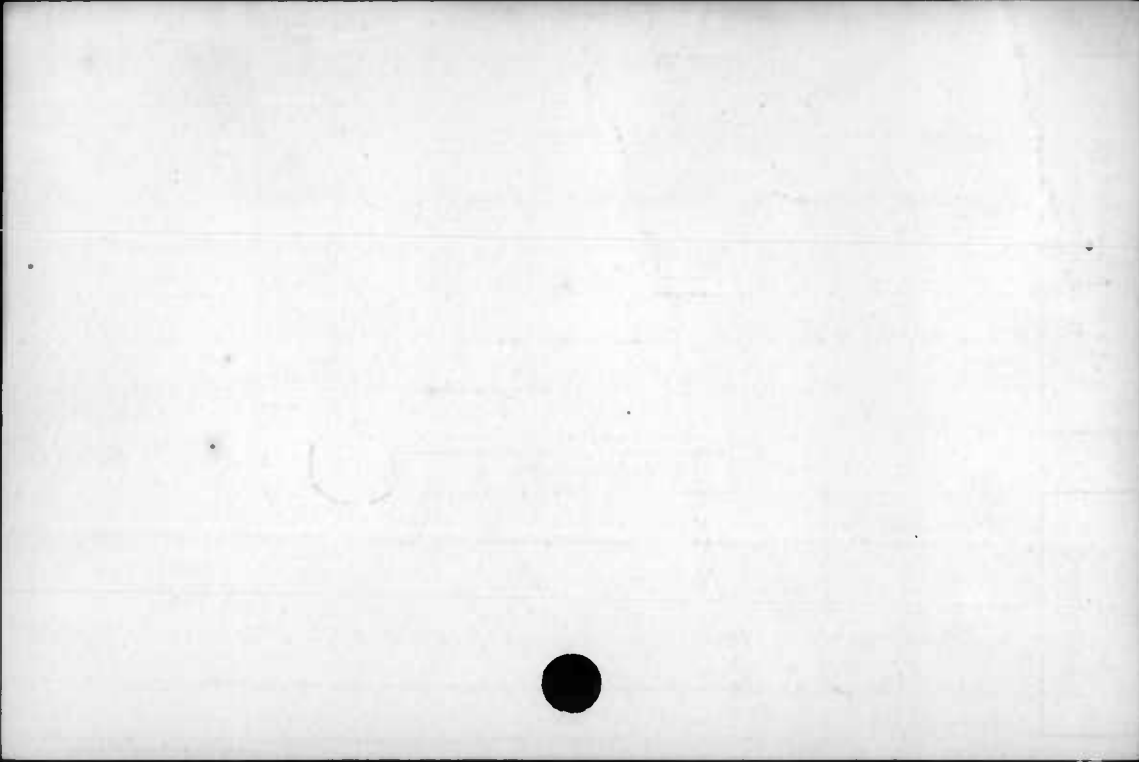
179

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide?			

Sang. Kurv

Name in Full		Elizabeth Lee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Swanton		County Garrett		MARYLAND	
	Date of death	1908	Month June	Day 4	Years 46	Months —	Days —
	Sex	Female		White		Birth-place	W. Va.
	Occupation	Housewife		Swanton			
	Married, Single or Widowed	Single		Husband Salem Lee			
	Father's Name	Elias Lipscomb				Father's Birthplace	W. Va.
	Mother's Maiden Name	— Unknown				Mother's Birthplace	W. Va.
Name of person giving information					How related to deceased	None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Weasles				How long	Don't know as I saw deceased, for first time about 12 hours before death.
	Immediate	Pulmonary Edema				How long	about 12 hours before death.
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Dr. E. Hurley	
					Address	Deer Park	
	Accident or Suicide?						



Name
in
Full

Luisa Peak

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

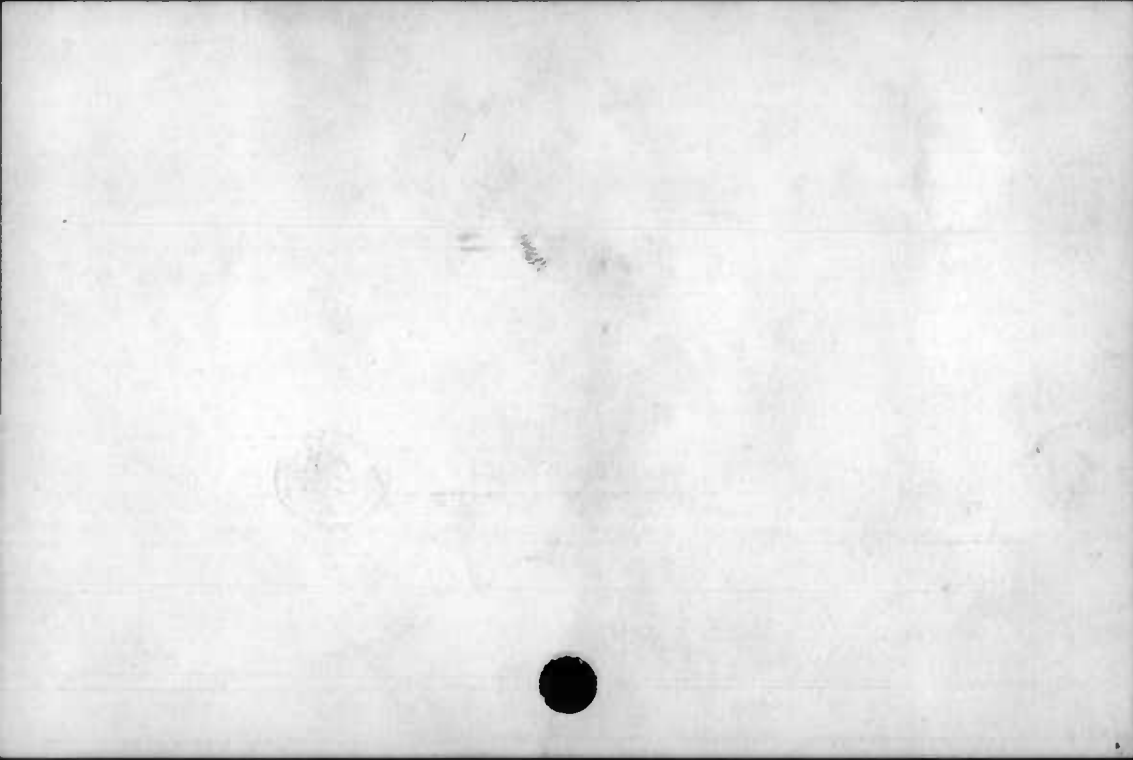
Died at <i>Bittinger</i> ^{Town}		<i>Garrett</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month}	<i>June</i> ^{Day}	<i>24</i> ^{Age}	<i>69</i> ^{Years}	<i>2</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Bittinger Md</i>		
Married, Single or Widowed	<i>widow</i>	Name of Wife or Husband <i>Jacob Peak</i>			
Father's Name	<i>George Simons</i>			Father's Birthplace	<i>America</i>
Mother's Maiden Name	<i>Miss Ringen</i>			Mother's Birthplace	<i>South Korea</i>
Name of person giving information	<i>James Peak</i>			How related to deceased	<i>Son-</i>

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>neuropathic</i>	How long	<i>2 years</i>
Immediate	<i>apoplexy</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A.R. Bayer M.D.</i>
		Address	<i>Accident Md.</i>
Accident or Suicide?			



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CERTIFICATE OF DEATH

MARYLAND

Name *Sarah E. Thomas*

Died at *Salt Block* ^{Town} *Garrett* ^{County}

Date of death *1908* ^{Month} *June* ^{Day} *17* Age *40* ^{Years} *4* ^{Months} *—* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Abraham Thomas*

Father's Name *Samuel Peats* Father's Birthplace *MD*

Mother's Maiden Name *Elisabeth Hawk* Mother's Birthplace *Don't no*

Name of person giving information *Abraham Thomas* How related to deceased *Husband*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. J. Mason

Frederick

MD

Accident or Suicide?

John Friend cemetery

Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Deer Park</i>				<i>Garrett</i>		MARYLAND	
		Date of death <i>1908</i>		Month <i>June</i>		Day <i>19</i>		Years <i>69</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>				Birth-place <i>Canada</i>	
		Occupation <i>General Laborer</i>				Where Residing if not at place of death <i>Keyser West Virginia</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
		Father's Name <i>Not known</i>						Father's Birthplace	
PHYSICIAN R CORNER		Mother's Maiden Name						Mother's Birthplace	
		Name of person giving information <i>Lulu Walter</i>						How related to deceased <i>Daughter</i>	
		CAUSES OF DEATH						120	
PHYSICIAN R CORNER		Primary <i>Bright's Disease</i>						How long <i>4 or 5 months</i>	
		Immediate						How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>J. W. Laughlin</i>			
		<i>I believe so</i>				Address <i>Deer Park Md</i>			
PHYSICIAN R CORNER		Accident or Suicide?							

